

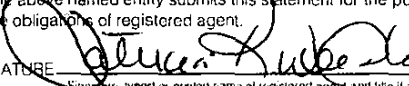
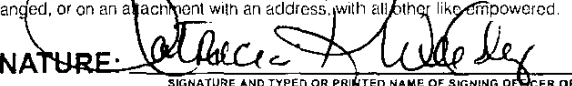


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90023 013 ***150.00

DOCUMENT # 557835 1. Entity Name WEEKLEY ENTERPRISES, INC.																													
Principal Place of Business 6096 BERRYHILL RD MILTON, FL 32570			Mailing Address 6096 BERRYHILL RD MILTON, FL 32570																										
2. Principal Place of Business - No P.O. Box # 5854 HOGANS ALLEY		3. Mailing Address 5854 HOGANS ALLEY																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State MILTON, FL		City & State MILTON, FL																											
Zip 32570		Country USA		4. FEI Number 59-1799020																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		03272008 Chg-P CR2E034 (12/06)																									
6. Name and Address of Current Registered Agent WEEKLEY, THOMAS 5854 HOGANS ALLEY MILTON, FL 32570						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																							
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 4/1/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>						9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00																													
10. OFFICERS AND DIRECTORS																													
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.																													
SIGNATURE:  Sec/Treas Date: 4/1/08 Daytime Phone: 850 623 9000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													